



Division of Laboratory Services  
630 Hart Lane  
Nashville, TN 37216  
615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

**Disease/Agent Suspected or Test Requested:**

**Human Immunodeficiency Virus Type 1 -HIV-1**

<b>Provider Requirements</b>	
<b>Acceptable Specimen Sources/Type(s) for Submission</b>	<ul style="list-style-type: none"><li>• Whole, clotted blood</li><li>• Whole, unclotted blood</li><li>• Serum</li></ul>
<b>TDH Requisition Form Number</b>	<a href="#">PH-4182</a>
<b>Media Requirements</b>	<ul style="list-style-type: none"><li>• Whole, clotted blood -Red-stoppered vacuum tube</li><li>• Whole, unclotted blood – EDTA, Lavender top tube</li><li>• Serum<ul style="list-style-type: none"><li>○ Sterile, plastic screw capped vial</li><li>○ Serum Separator Tube</li></ul></li></ul>
<b>Special Instructions</b>	
<b>Shipping Instructions</b>	Ship Room Temperature/Ambient or on cold packs if >48hrs from collection.
<b>Laboratory Section Performing Testing</b>	Serology
<b>Lab Location(s) Performing Test</b>	Nashville; Knoxville; Shelby County Health Department

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).